ArchPoint Pain Institute of North Houston

Condensed Pain Evaluation Form - Follow-up Patients

PATIENT NAME: _____ DATE OF BIRTH: _____

Where is your pain (such as neck, low back, knee, etc)? _____

What medication(s) do you currently take for pain & how often? _____

What does this medication(s) allow you to do that you would not be able to do otherwise? _____

Do you have any side effects with your current pain medications (such as constipation or nausea)? _____

Do you take any blood thinners, if so which ones? _____

Since your last office visit, have your medications changed; have you been hospitalized; have you had surgery; has your family history changed? If yes, please specify: _____

_____

_____

Vaccination and Immunization status: (please circle "Y" for yes or "N" for no)

Pneumococcal: 1. Are you currently up to date on this vaccination? Y / N -If yes, please record the date _____

2. **If not**, do you intend on getting this vaccination? Y / N

3. Are you currently 60 years of age or older? Y / N

Influenza: 1. Are you currently up to date on this vaccination? Y / N -If yes, please record the date _____

COVID-19: 1. Are you fully vaccinated for the COVID-19 virus? Y / N -If yes, please record the date _____

2. **If yes**, have you received the COVID-19 booster? Y / N -Please record the date _____

3. **If no to #1**, do you intend on getting this vaccination? Y / N

In case of an emergency, if you are unable to make a medical decision, who would you designate as your decision maker?: _____

Any Psychiatric or Psych treatments? _____

Have you had any recent falls? Y / N **If yes, please ask the front desk for the "Short Falls Form" to fill out.**

Do you have any impairments with your (circle all that apply): Ankle. Hand. Wrist. Elbow. Shoulder.

For female patients only:

Have you had a bone fracture in your lifetime? Y / N -If yes, please record the date _____

If yes, have you been screened for osteoporosis? Y / N -If yes, please record the date _____

Follow-up Pain Questionnaire (circle):

What number best describes your pain on average in the past week?

No pain — Pain as bad as you can imagine

0 1 2 3 4 5 6 7 8 9 10

What number best describes how, during the past week, pain has interfered with your enjoyment of life?

No interference — Completely interferes

0 1 2 3 4 5 6 7 8 9 10

What number best describes how, during the past week, pain has interfered with your general activity?

No interference — Completely interferes

0 1 2 3 4 5 6 7 8 9 10

FOR OFFICE USE ONLY:

Height:_____ Weight:_____ Blood Pressure: 1)_____2)_____ Pulse:_____ Temp.: _____